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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Thailand

Proposed UNFPA assistance:	$6.5 million, $5.0 million from regular resources and $1.5 million from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Eighth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.5	1.5	5.0
Population and development strategies	1.0	-	1.0
Programme coordination and assistance	0.5	-	0.5
Total	5.0	1.5	6.5

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THAILAND

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	71	≥60
Contraceptive prevalence rate (%)[2]	74	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	1.75	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	69.6	≤65
Infant mortality rate (per 1,000 live births)[5]	29	≤50
Maternal mortality ratio (per 100,000 live births)[6]	44	≤100
Adult female literacy rate (%)[7]	92	≥50
Secondary net enrolment ratio (%)[8]	97	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	63,584	Annual population growth rate (%)	1.14
Population in year 2015 (000)	72,490	Total fertility rate (/woman)	2.0
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	67.9
Ages 0-14	26.7	Females	73.8
Youth (15-24)	18.7	Both sexes	70.8
Ages 60+	8.1	GNP per capita (U.S. dollars, 1998)	2160

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support the Government of Thailand in its efforts to implement national policies in the areas of reproductive health and population and development strategies over the period 2002-2006. UNFPA proposes to provide assistance in the amount of $6.5 million, of which $5.0 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $1.5 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's eighth programme of assistance to Thailand, which is a "Category B" country under the Fund's resource allocation system.

2. The proposed programme was developed in close consultation with the Government of Thailand, through its Department of Technical and Economic Cooperation and other relevant governmental, non-governmental, United Nations and donor agencies and organizations and takes into account national priorities expressed in the draft ninth national economic and social development plan (2002-2006) and the national reproductive health policy. The consultative process leading to the development of the proposed programme included: a mid-term review meeting on the seventh country programme (1998-2001) in June 2000; a programme formulation mission in October 2000; a meeting with all of the concerned stakeholders in November 2000; and a regional planning meeting in February 2001 with representatives from UNFPA headquarters, Country Technical Services Team (CST) advisers and UNFPA Representatives in the region. The proposed programme also draws on the Common Country Assessment and is consistent with the upcoming United Nations Development Assistance Framework (UNDAF) where reproductive health, including HIV/AIDS and population and development strategies, fall within the area of human security/social protection. UNFPA, UNICEF and UNDP would harmonize their programme cycles for the years 2002-2006.

3. The overall goal of the proposed programme is to contribute to an improved quality of life through better reproductive health and a balance between population dynamics and economic development. The Government of Thailand is committed to implementing the Programme of Action of the International Conference on Population and Development (ICPD) and the ICPD+5. In July 1997, the Government launched its reproductive health policy, which states that "all Thai, both men and women, of all ages must have a good reproductive life". UNFPA's support will be channelled through two subprogrammes focusing on reproductive health and population and development strategies. Advocacy will be integrated into both of the two subprogramme areas.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme of assistance, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The population of Thailand in 2000 was slightly over 61 million, of which 70 per cent lived in rural areas. The population growth rate fell from 3.2 per cent a year in 1960 to about 1.0 per cent in 2000. The total fertility rate is currently estimated at about 1.9 children per woman. The percentage of the elderly population has risen from 7 per cent in 1999 to 9 per cent in 2000 and is expected to rise to 15 per cent by the year 2020. Life expectancy at birth stands at 69.9 years for men and 74.9 years for women. The contraceptive prevalence rate of married women of reproductive age (15-44 years) is about 72 per cent, with almost universal knowledge of contraception.

6. Thailand thus has had remarkable success in general health and family planning and has achieved the five main threshold levels of the ICPD indicators. As a result, reducing the population growth rate is no longer an overriding national goal in the ninth national economic and social development plan (2002-2006) of Thailand. The national reproductive health policy focuses on: (a) family planning; (b) maternal and child health; (c) AIDS; (d) reproductive tract infections; (e) malignancy of the reproductive tract; (f) sex education; (g) abortion and its related complications; (h) adolescent reproductive health; (i) infertility; and (j) post-reproductive age and old-age care. However, the policy has not yet been fully operationalized in terms of delivering an integrated and holistic package of quality and gender-sensitive reproductive health services throughout the country.

7. Several reproductive health and population challenges still remain in Thailand. There remains a considerable unmet need for family planning and other reproductive health services among single women, men, adolescents and youth, since such services have traditionally been directed only towards married women. This is reflected in the use of different contraceptive methods. Pills (23 per cent), female sterilization (22 per cent) and injections (17 per cent) are the predominant forms of contraception used while condoms and vasectomies account for only 1.8 per cent and 2.0 per cent of contraceptive use, respectively. Due to the recent economic crisis, the Government's budget for contraception has been substantially reduced, which has created an obstacle in providing integrated reproductive health services to under-served groups as well as to the general population.

8. According to UNAIDS, Thailand has the second highest rate of adult HIV prevalence in Asia and the Pacific. About 14 per cent of total AIDS cases occur in the group aged 15-24. In 2000, about 2 per cent of women attending antenatal clinics were infected with HIV, and they gave birth to an estimated 4,000-5,000 HIV-infected children. The infection rate among injecting drug users has continued to rise, to over 40 per cent. More than 80 per cent of HIV transmission is through sexual intercourse, and in Thailand the actual number of HIV/AIDS cases is believed to be much higher than the reported cases.

9. Despite technological advances in data collection in Thailand, there still does not exist a comprehensive database for reproductive health and population and development strategies. In reproductive health, data concerning the contraceptive practices of unmarried adults and youth, including abortion, are much needed. In the area of population and development strategies, more data are needed on urban-to-rural migration, international migration, ageing, population and environment, and cross-border transmission of HIV. The availability of such data is crucial for policy-making, human resource development and service provision.

10. Lastly, a gender gap still persists in the country despite Thailand's ratification of the Convention on the Elimination of All Forms of Discrimination Against Women and the high percentage of literacy among Thai women. According to UNDP's Human Development Report for 2000, Thailand falls into the middle tier of countries insofar as gender-related development indicators are concerned. While women comprise 46 per cent of the labour force, wages for men are 15-20 per cent higher than those for women. Also, women presently hold only about 9.5 per cent of the seats in Parliament. Women's empowerment in economic activities needs to be emphasized more as an important aspect of addressing reproductive health issues in an integrated and comprehensive manner.

Previous UNFPA assistance

11. During the last 30 years, UNFPA assistance to Thailand has evolved to respond to the changing picture of the country's population and development needs. A total of seven country programmes, amounting to a total of $37 million, have supported the following: maternal and child health and family planning programmes; information, education and communication (IEC) initiatives; data collection and analysis; population policy formulation; gender, population and development issues focusing on promoting gender equality among under-served ethnic groups in northeast Thailand; population and environment concerns, with policy recommendations on migration, natural resource depletion and environment degradation; and emerging issues such as HIV/AIDS and ageing.

12. Under the interregional programme, UNFPA has also provided assistance to promote South-South cooperation in the area of population and reproductive health. Thailand is one of the Centres of Excellence, sharing its expertise and experiences with other developing countries in the areas of population and reproductive health. Particular attention has been paid to capacity-building and training activities and networking in the region.

13. During UNFPA's seventh cycle of assistance to Thailand, in which Thailand was classified as a "Category C" country for assistance, $3.2 million was programmed only for reproductive health interventions. The country programme included two pilot projects to operationalize quality, gender-sensitive and integrated reproductive health services in the provinces of Phayao in the north and Pattani in the south; a research project on gender and

reproductive health; and a project for South-South cooperation in reproductive health. The main focus of the past programme was on addressing emerging reproductive health issues, such as male involvement, teenage pregnancy, induced and unsafe abortions, and HIV/AIDS.

14. The previous programme had some notable achievements in the area of reproductive health. Quality, gender-sensitive and integrated reproductive health services have been piloted and operationalized in the two provinces of Pattani and Phayao as part of implementation of the national reproductive health policy. Models of male involvement in reproductive health have also been piloted. Youth centres offering age-specific information and services by trained youth members have been established on a small scale. Also, religious and community leaders, provincial officials and local NGOs have collaborated in delivering a comprehensive reproductive health package. In the area of research, studies on gender and reproductive health have been carried out to identify policy implications and to assist service providers. Under South-South cooperation modalities, national institutions have been strengthened to develop a network on reproductive health and related population issues.

15. However, some constraints were encountered in implementing the previous country programme. A lack of qualified personnel at the provincial level made it necessary to conduct capacity-building activities in technical and management skills. Also, due to UNFPA's resource shortfalls, a number of activities, such as production of IEC materials, had to be postponed.

16. The key lessons learned from the previous programme include: (a) there is a great need to promote male participation in order to reach in- and out-of-school youth in reproductive health; (b) it is found to be very effective to involve religious and community leaders to maximize programme impact for the provision of comprehensive reproductive health services, particularly for adolescents and youth; (c) a peer education programme is useful in disseminating information and services to adolescents; (d) quality sexuality education for in- and out-of-school youth, through the available life skills education programmes and appropriate curricula and qualified teachers, are greatly needed to address reproductive health issues, including teenage pregnancy and unsafe abortion; and (e) emerging issues, such as urban-to-rural migration, cross-border migration with implications of HIV transmission, and the ageing population, need to be closely analysed and addressed.

Other external assistance

17. Many bilateral and multilateral donors including Australia, Japan, agencies in the United Nations system (such as UNESCO, WHO, UNICEF, UNDP and UNIFEM), the World Bank, and some international NGOs have continued to provide a wide range of assistance to the Government of Thailand for population and reproductive health programmes. In general, however, such assistance has focused more on HIV/AIDS prevention, care and treatment, and less on operationalizing the national reproductive health policy. Therefore, UNFPA is the only

agency that is well placed to support the provision of gender-sensitive, integrated reproductive health services for all clients at the community level.

18. In the areas of population and development strategies, only a few donors have given their limited assistance to strengthening national capacity in policy and planning in order to address the inter-linkages between population and development, including such issues as gender, education, migration, environment, poverty, and the economy. Thailand has also received external assistance through technical cooperation among developing countries (TCDC) modalities and other forms of South-South cooperation. However, only UNFPA has collaborated with the Government in an attempt to promote South-South cooperation in the areas of population and development strategies and reproductive health and to share the Thai experience with neighbouring countries in implementing successful reproductive health and family planning programmes. Thus, as noted in the UNDAF, UNFPA continues be the lead United Nations agency to support the implementation of integrated reproductive health and related population and development programmes in Thailand.

Proposed programme

19. The goal of the eighth country programme is noted in paragraph 3 above. Gender concerns would be mainstreamed into the two subprogrammes in reproductive health and population and development strategies. The main strategies used to achieve the country programme goal would be by: (a) assisting the Government of Thailand in operationalizing the national reproductive health policy; (b) emphasizing adolescent reproductive health, as adolescents and youth have been under-served and are most susceptible to HIV/AIDS and STD infections; (c) maximizing the involvement of community and religious leaders in implementing the reproductive health programme; (d) ensuring the delivery of comprehensive reproductive health services, particularly in the provision of information and counselling services; (e) ensuring for the purposes of advocacy, planning and policy-making the availability and utilization of population and development and reproductive health data including migration, environment, and ageing; and (f) sharing the Thai experience in reproductive health and population and development strategies through South-South cooperation mechanisms with other countries.

20. The main assumptions associated with the implementation of the proposed country programme would be the existence of the political will and the commitment from government health officials, including local leaders, to implement the national reproductive health policy at the grass-roots level, and the availability of adequate government resources for the national population and development strategies and reproductive health programmes.

21. Reproductive health. The purposes of the reproductive health subprogramme are to contribute to the increased utilization of quality, gender-sensitive and integrated reproductive health services by women, men, and youth and, through appropriate reproductive health

information and counselling, to achieve behavioural changes towards healthy reproductive and sexual practices. There are two expected outputs: (a) improved access to quality, gender-sensitive, integrated and age-specific reproductive health services (including HIV/AIDS prevention and counselling) by men, women and particularly youth at selected provincial, district and subdistrict health service centres; and (b) improved access to reproductive health education and services by in- and out-of-school youth through appropriate, gender-sensitive and age-specific community- and institution-based activities, with an emphasis on HIV/AIDS prevention. These two outputs would be addressed in up to five provinces, based on the available financial and human resources and on the criteria agreed to by the Government and UNFPA, such as the HIV prevalence rate and the unmet need for reproductive health services. UNFPA's assistance would be provided to under-served groups and locations in order to ameliorate the differentials in reproductive health indicators in the country. The experience gained and lessons learned in the implementation of the previous programme in the pilot provinces would be taken into account.

22. For the first output, assistance would focus on activities related to delivering an integrated package of the Government's 10 basic reproductive health services through a user-friendly, gender-sensitive and client-oriented health service delivery system. It would reach not only the general population but also previously under-served population groups such as unmarried women and men, migrants and minority ethnic groups where possible, through collaboration with existing health centres, youth centres, subdistrict administrative councils and NGOs. The main activities in establishing such a system would be geared towards the providers and would include: conducting a series of needs assessments regarding the levels of knowledge of the health-care providers; carrying out training of service providers, particularly in client-orientation, inter-personal communication skills, adolescent reproductive health and technical supervisory skills; reviewing the current vertical structures in service delivery; and revising and developing standards of care manuals.

23. For the second output, particular assistance would be given to conduct peer education programmes; organize youth and adolescent camps; establish youth centres in which members would be trained in life skills and have access to reproductive health information and services, including those geared towards HIV prevention; promote male involvement in reproductive health; operate youth hotline services and counselling; and provide IEC materials on adolescent reproductive health. The lessons learned from the previous country programme, such as models of male involvement in reproductive health and appropriate curricula on sex education, would also be used in the new project provinces. In addition, UNFPA would specifically address the problem of HIV/AIDS by focusing on the sex industry and its clients in the selected provinces. The "100 per cent condom use" promotion, which has been successfully implemented by the Government since 1992 (but has declined in recent years because of reduced government funding), would be supported to protect sex workers, particularly adolescent sex workers, and their clients against HIV/AIDS. Moreover, along with the Government, other United Nations agencies and NGOs, UNFPA would continue to actively participate in the task force on condom

use, which was recently formed under the UNAIDS-funded project in Thailand in order to propose an operational strategy for the Government to reinforce condom use among commercial sex workers and other high-risk groups.

24. Reproductive health commodity security. Prior to the economic crisis, the Government of Thailand was self-sufficient in providing free reproductive health commodity supplies through local suppliers and imports. UNFPA has therefore not provided any major support for the supply of reproductive health commodities to Thailand since the late 1970s. Due to the crisis, however, the reproductive health budget of the central Government has been substantially reduced. Hence, the provincial public health offices throughout the country currently use their own limited budgets to procure reproductive health commodities. UNFPA would closely monitor this situation and provide technical support in the area of logistics management in the selected provinces. UNFPA would continue dialogues with the Ministry of Public Health and provincial public health offices, and procure reproductive health commodities if the need arises.

25. The amount of $5.0 million would be allocated to the reproductive health subprogramme, of which $3.5 million would be from regular resources and $1.5 million would be sought through co-financing modalities and/or other resources.

26. Population and development strategies. The first purpose of the population and development strategies subprogramme is to have contributed to the strengthening of population, reproductive health, and gender components within national and sectoral policies, plans and programmes in line with the ICPD Programme of Action. The expected output would be to identify and address persistent and emerging population, development, reproductive health and gender issues in order to ensure the relevance of policy-making, planning and programming. UNFPA would support the establishment and upgrading of the information base at the National Statistical Office or academic institutions. Data, disaggregated by sex wherever possible, would be collected and analysed in the areas of population and reproductive health, including contraceptive practices of the unmarried population, migration, ageing, and HIV/AIDS. Awareness-creation activities on persistent and emerging population and development, reproductive health and gender issues, including reproductive rights, urban-to-rural migration, cross-border migration, the elderly population, and the environment, would also be carried out for policy makers, planners and other decision makers at the national and provincial levels, as well as religious leaders, parliamentarians, youth leaders, teachers, parents, community health volunteers, civil society and the media.

27. The second purpose of the population and development strategies subprogramme would be to contribute to promoting South-South cooperation and networking in population and reproductive health issues. The expected output would be strengthened South-South cooperation and networking through the sharing of information on innovative experiences in the areas of population and development, reproductive health and gender. UNFPA support, in the form of

training, information sharing, and provision of technical assistance, would establish enhanced intercountry networks in these three areas. Particular attention would be given to Thailand's successful response to family planning and HIV/AIDS. In addition, intercountry and/or cross-border population, reproductive health and gender initiatives to cover IEC and training would be developed to resolve persistent and emerging concerns.

28. The amount of $1.0 million would be allocated to the population and development strategies subprogramme from regular resources.

Programme implemention, coordination, monitoring and evaluation

29. All component projects under the proposed programme would be executed by the Department of Technical and Economic Cooperation (DTEC) of the Office of the Prime Minister. DTEC therefore would bear the prime responsibility in coordinating the implementation of the reproductive health and population and development strategies subprogrammes. Implementing agencies under the reproductive health subprogramme would include such governmental agencies as the Ministry of Public Health, the provincial public health offices in the selected provinces, some local NGOs, and academic institutions. Under the population and development strategies subprogramme, academic institutions, such as the Institute of Population and Social Research of Mahidol University, and other relevant governmental organizations, such as the National Statistical Office and the Department of Public Welfare, would serve as implementing agencies. UNFPA would limit its execution primarily to procurement of equipment, certain training and personnel components, and evaluation activities.

30. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. All activities and component projects in the subprogrammes would be monitored through field visits, interviews, special studies, and the use of qualitative and quantitative indicators in the logical framework. Major output indicators for reproductive health would include: (a) at least 50 per cent of service delivery points providing integrated, gender-sensitive and age-specific reproductive health, family planning and HIV/AIDS information, counselling and services; and (b) the founding and operation of youth-friendly reproductive health centres. Output indicators for population and development strategies would include: (a) the establishment and upgrading of an information database for population, gender and reproductive health policy, planning and management use; and (b) the preparation and distribution of facts sheets and policy and programme briefs on key population, gender and reproductive health-related issues, particularly for use in planning Thailand's next national economic and social development plan for 2007-2011.

31. Government reports from the National Statistical Office, the Ministry of Public Health, and provincial public health offices and the university research data and analysis supported by the two subprogrammes would be utilized as data sources to measure programme impact.

Annual programme reviews, a mid-term review in mid-2004, and a final evaluation towards the end of the cycle would be conducted. Independent evaluations of subprogrammes and component projects would be undertaken and would provide inputs for the mid-term review and final evaluation. The possibility of a joint mid-term review and final evaluation in conjunction with UNDP and UNICEF would be investigated. Guided by the UNDAF process in Thailand, such coordination would enable a more focused approach and the effective use of resources.

32. The proposed programme would strive to enhance the linkages and complementarity between the reproductive health and population and development strategies subprogrammes. Mechanisms would be established to link all the organizations working under the proposed programme. An example could be the utilization of data and findings from the needs assessment of the health care providers in the reproductive health subprogramme for policy formulation towards establishing quality, gender-sensitive and integrated reproductive health services. Also, achievements, constraints and lessons learned from the condom use campaign for the prevention of HIV transmission in the sex industry could be shared with countries in the region and elsewhere through South-South cooperation mechanisms. In addition, HIV/AIDS prevention activities would be coordinated through the existing UNAIDS thematic working group, of which UNFPA is the present chair. The group consists of government agencies, the UNAIDS co-sponsors, and international and national NGOs. Moreover, donor activities have been coordinated under the leadership of the United Nations Resident Coordinator for bilateral agencies, United Nations agencies and international NGOs.

33. The UNFPA country office is composed of a Representative, an assistant representative, an assistant programme officer (responsible for Myanmar only), an external relations assistant, and seven support staff. To support national execution, a few National Professional Project Personnel may be recruited. The Country Technical Services Team (CST) in Bangkok and national and local consultants would provide technical inputs throughout the programme cycle.

34. An amount of $500,000 from UNFPA regular resources would be allocated for programme coordination and assistance.

Recommendation

35. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Thailand, as presented above, in the amount of $6.5 million for the period 2002-2006, of which $5.0 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $1.5 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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